



ART OF LIVING FOUNDATION (Mauritius)

APPLICATION FORM

(Please write clearly and in CAPITAL LETTERS. All information in this application will be kept strictly confidential.)

Course	Art of Living Part 1 <input type="checkbox"/>	Art of Living Part 2 <input type="checkbox"/>	Sahaj Samadhi <input type="checkbox"/>	DSN <input type="checkbox"/>	Sri Sri Yoga <input type="checkbox"/>	Blessing <input type="checkbox"/>
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Surname [Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>]							
Name							
Address:					City:		
Home no. :		Mobile no. :		E-mail:			
Occupation:				Date of Birth (dd / mm / yyyy):		Sex: Male:	<input type="checkbox"/>
						Female:	<input type="checkbox"/>
1. Have you participated in the "Art of Living" programme before? If Yes, Yes <input type="checkbox"/> No <input type="checkbox"/>							
Where		When		Name of Instructor			

2. Are you currently taking any prescribed medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give full details:	
3. Are you experiencing any of the following health conditions?	

High Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back Pain	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Others Specify
Heart Problem	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pregnancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. Have you undergone psychiatric treatment before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please give full details:	
5. Please list any other programme/s in the field of self development in which you have participated or taught yourself:	
6. From where did you come to know about the "Art of Living" programme? Pamphlets <input type="checkbox"/> Mass Media (Radio <input type="checkbox"/> /TV <input type="checkbox"/> /Newspaper <input type="checkbox"/> <input type="checkbox"/> Banner <input type="checkbox"/> Friends <input type="checkbox"/> (Name :.....) Others Specify.....	

1. It is compulsory to attend ALL sessions of the course.

DECLARATION

I am participating in the "Art of Living" programme of my own free will and I take full responsibility for participating in this programme. I declare that I am physically and mentally able to participate in this programme. I will not teach any of the techniques of the course, unless I have personally been fully trained by SRI SRI RAVI SHANKAR.

Place	:	Personal Donation	:
Signature	:	Co-Sponsored	:
Date	:	Received by	:

Payment Method: Cash Cheque - Cheques payable to: ART OF LIVING FOUNDATION (Mauritius)

RULES & REGULATIONS

(Please bring this coupon with you when coming to the course)

1. Please fill the application form clearly in CAPITAL LETTERS.
2. Course participants must attend sessions of the course without any exception.
3. Smoking, drinking alcohol is not permitted through this duration of the course.
4. Please wear loose fitting, comfortable clothes to the course.
5. Be well rested when you attend the course.
6. Do not take any meal at least 2 hours before the course.
7. Kindly collect receipt upon submission of Application Form and payment of course fee

Recd. from Mr./Mrs/Miss..... Rs. towards AOL courses from.....to.....
at.....
Recd. by:.....Signature:.....Date:.....